

## CLAIMS ONLY

Application Number

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED 1/6/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total						
Indep	2					
Total Depend	12					
Total Claims	14					

* May be used for additional claims or amendments						
	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						